

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

|              | AS FILED |     | AFTER 1ST<br>AMENDMENT |     | AFTER 2ND<br>AMENDMENT |     |
|--------------|----------|-----|------------------------|-----|------------------------|-----|
|              | IND      | DEP | IND                    | DEP | IND                    | DEP |
| 1            |          |     |                        |     |                        |     |
| 2            |          |     |                        |     |                        |     |
| 3            |          |     |                        |     |                        |     |
| 4            |          |     |                        |     |                        |     |
| 5            |          |     |                        |     |                        |     |
| 6            |          |     |                        |     |                        |     |
| 7            |          |     |                        |     |                        |     |
| 8            |          |     |                        |     |                        |     |
| 9            |          |     |                        |     |                        |     |
| 10           |          |     |                        |     |                        |     |
| 11           |          |     |                        |     |                        |     |
| 12           |          |     |                        |     |                        |     |
| 13           |          |     |                        |     |                        |     |
| 14           |          |     |                        |     |                        |     |
| 15           |          |     |                        |     |                        |     |
| 16           |          |     |                        |     |                        |     |
| 17           |          |     |                        |     |                        |     |
| 18           |          |     |                        |     |                        |     |
| 19           |          |     |                        |     |                        |     |
| 20           |          |     |                        |     |                        |     |
| 21           |          |     |                        |     |                        |     |
| 22           |          |     |                        |     |                        |     |
| 23           |          |     |                        |     |                        |     |
| 24           |          |     |                        |     |                        |     |
| 25           |          |     |                        |     |                        |     |
| 26           |          |     |                        |     |                        |     |
| 27           |          |     |                        |     |                        |     |
| 28           |          |     |                        |     |                        |     |
| 29           |          |     |                        |     |                        |     |
| 30           |          |     |                        |     |                        |     |
| 31           |          |     |                        |     |                        |     |
| 32           |          |     |                        |     |                        |     |
| 33           |          |     |                        |     |                        |     |
| 34           |          |     |                        |     |                        |     |
| 35           |          | 0   |                        |     |                        |     |
| 36           |          | 1   |                        |     |                        |     |
| 37           |          |     |                        |     |                        |     |
| 38           |          |     |                        |     |                        |     |
| 39           | 1        |     |                        |     |                        |     |
| 40           | 1        |     |                        |     |                        |     |
| 41           | 0        |     |                        |     |                        |     |
| 42           | 1        |     |                        |     |                        |     |
| 43           | 1        |     |                        |     |                        |     |
| 44           | 1        |     |                        |     |                        |     |
| 45           | 1        |     |                        |     |                        |     |
| 46           | 1        |     |                        |     |                        |     |
| 47           | 1        |     |                        |     |                        |     |
| 48           | 1        |     |                        |     |                        |     |
| 49           | 1        |     |                        |     |                        |     |
| 50           | 1        |     |                        |     |                        |     |
| TOTAL IND.   | 3        |     |                        |     |                        |     |
| TOTAL DEP.   | 16       |     |                        |     |                        |     |
| TOTAL CLAIMS | 19       |     |                        |     |                        |     |

TOTAL IND.  
TOTAL  
DEP.  
TOTAL  
CLAIMS

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50